

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 21, 2006
Secretary of State**

DOCUMENT# F98000001568

Entity Name: CDS HEALTH MANAGEMENT, INC.

Current Principal Place of Business:

3030 HORSESHOE DRIVE SOUTH
200
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

3030 HORSESHOE DRIVE SOUTH
200
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0768162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAGA, ANTONIA
7955 AIRPORT ROAD NORTH
SUITE 101
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP (X) Delete
Name: PETERSON, BRENT
Address: 3030 HORSESHOE DRIVE SOUTH SUITE 200
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: FISHER, LOWELL
Address: 3020 HORSESHOE DR S, # 200
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: STUTZMAN, RONALD
Address: 5580 ESTERO BLVD
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D () Delete
Name: PASTEMA, JAMES
Address: 358 BAYSHORE DR
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOWELL M. FISHER

D

09/21/2006

Electronic Signature of Signing Officer or Director

Date